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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

*HS None*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*HS None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>HS</i> Examiner's Signature Initials	STATE OR COUNTRY PA	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
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ADDRESS  
 00270  
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TITLE  
 Training aid using vision restriction and method of use

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